



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
www.dmas.virginia.gov

School Services Fact Sheet

Purpose	<p>Virginia school divisions enroll with the Department of Medical Assistance Services (DMAS) for the reimbursement of select health services for children with Medicaid or FAMIS coverage. DMAS covered services for children in special education are to be provided by the school division according to the child's Individualized Education Program (IEP).*</p> <p><small>*Administrative Claiming is not covered in this fact sheet.</small></p>
DMAS Covered Services	<p>Early Periodic Screening Diagnosis and Treatment (EPSDT) well-child screening services are available for the general fee-for-service Medicaid/FAMIS school population. Children enrolled in Medicaid or FAMIS Managed Care health plans must have health screenings coordinated through their health plan.</p> <p>The following special education health services are covered for billing to DMAS by school divisions:</p> <ul style="list-style-type: none">Physical therapy, occupational therapy, and speech-language pathology services;Skilled Nursing Services;Psychiatric and Psychological Services;Medical Assessments;Audiology Services*;Personal Care Services*;Medical Evaluation Services*;Transportation*. <p><small>*Services not currently approved for reimbursement for FAMIS enrolled children.</small></p>
Who is Eligible?	<p>The recipient must be currently enrolled Medicaid, FAMIS Plus/Medallion or FAMIS and under the age of 23. For specific service guidelines, please refer to the School Health Services Medicaid manual available on the DMAS website at www.dmas.virginia.gov.</p>
Certification Process	<p>The IEP is the certification that the service is medically necessary and that the treatment prescribed is in accordance with excellence in medical practice.</p>
Service Requirements and Limitations	<ul style="list-style-type: none">Parent/Guardian consent is required for schools billing DMAS for any health-related services written in an IEP.The IEP team must consist of qualified Medicaid providers to make the medical necessity determination in accordance with their scope of practice. The IEP cannot be used to authorize skilled nursing services, which requires an MD/NP/PA order.The amount, duration and scope of services must be described in the IEP. The IEP or other DMAS/DOE approved documents must be signed by the qualified provider and updated on at least an annual basis.Refer to the School Health Services Medicaid manual for specific information of specific provider qualifications and covered services.

Forms	MED Number	Name of Form	MED Number	Name of Form
	MED-6	Order for Rehab Evaluation	MED-10	Skilled Nursing POC
	MED-8	Rehab Plan of Care (POC)	MED-11	Skilled Nursing Student Log
	MED-12	Rehab POC Addendum	MED-14	Personal Care Services POC
	MED-13	Rehab POC Discharge Summary/Order	MED-15	Personal Care Services Student Log
	MED-9-OT	OT Monthly Progress Notes (PN)	MED-16	Psychological Diagnostic Clinical Interview
	MED-9-PT	PT Monthly PN	MED-17	Psychological Evaluation
	MED-9-SLP	SLP Monthly PN	MED-18	Psychological Therapy Note
	MED-9-Audiology	Audiology Monthly PN	MED-19	Psychological Service Student Log
	Forms may be located at www.doe.virginia.gov		MED-20	Bus Log
Cost Based Reimbursement	<p>School providers submit claims based on the estimated costs for services furnished. DMAS makes interim payments on claims. Final payment will be based on each school division's costs reported and settled on an annual cost report. Personnel costs are determined by multiplying payroll costs of qualified practitioners times the percent of time qualified practitioners spend on medical services (determined by a statewide time study) times the percentage of IEP Special Education students that are Medicaid or FAMIS eligible. Non-personnel costs and indirect costs are also included. School divisions may contact DMAS Provider Reimbursement at 804-786-3673 for assistance with cost reports. Please visit the Department of Education website at www.doe.virginia.gov for more information.</p>			
DMAS Contacts	<p>For School Health Service Inquiries: Phone: 804-371-7824; Fax: 804-786-5799; Mail: Maternal and Child Health Coordinator Department of Medical Assistance Services 600 East Broad Street Suite 1300 Richmond, Virginia 23219 www.dmas.virginia.gov</p> <p>Other Program Inquiries: Email: MICC@dmas.virginia.gov Maternal and Child Health Division: 804-786-6134</p> <p>Medicaid Eligibility/Claims Inquiries: Medicaid/FAMIS eligibility or claims status may be checked via http://virginia.fhsc.com or MediCall voice response system at 1-800-884-9730 or 1-800-772-9996. The Provider Helpline at 1-800-552-8627 may be contacted for more complex issues. These options are available at no cost to the provider.</p>			

SCHOOL REHABILITATION SERVICES:					
Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (SLP)					
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
97001	PT evaluation	97003	OT evaluation	92506	SLP evaluation
97110	PT individual visit	97530	OT individual visit	92507	SLP individual visit
97150	PT group session	S9129	OT group session	92508	SLP group session
SCHOOL PSYCHOLOGICAL SERVICES					
90801	Psychiatric diagnostic interview examination				
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication				
90804	Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility (20-30 minutes face-to-face with patient)				
90806	Same as above except 45-50 minutes face-to-face with patient				
90808	Same as above except 75-80 minutes face-to-face with patient				
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office/outpatient facility (20-30 minutes face-to-face w/patient)				
90812	Same as above except 45-50 minutes face-to-face with patient				
90814	Same as above except 75-80 minutes face-to-face with patient				
90846	Family psychotherapy (without the patient present)				
90847	Family psychotherapy (conjoint psychotherapy with patient present)				
90853	Group psychotherapy (Other than of a multiple family group)				
90857	Interactive group psychotherapy			MODIFIERS Schools must use a modifier listed below when billing for psychological services to identify the provider type: U6: Psychiatrist AH: Licensed Clinical Psychologist AJ: Licensed Clinical Social Workers Licensed Professional Counselors Licensed School Psychologist Licensed School Psychologist-Limited Psychiatric Clinical Nurse Specialist Marriage and Family Therapists School Social Worker	
96101	Psychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.				
96102	Psychological testing with qualified health care professional interpretation and report, administered by technician, face-to-face				
96103	Psychological testing administered by a computer, with qualified health care professional interpretation and report.				
96116	Neurobehavioral status exam, both face-to-face time with the patient and time interpreting test results and preparing the report.				
96118	Neuropsychological testing, both face-to-face time with the patient and time interpreting test results and preparing the report.				
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation and report				
SKILLED NURSING SERVICES (15 minute unit)					
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
T1001	RN Evaluation	T1002	RN Services	T1003	LPN Services
PERSONAL CARE SERVICES (15 minute unit)					
CODE	SERVICE DESCRIPTION		CODE	SERVICE DESCRIPTION	
T2027	Personal Care Services - individual		S5125	Personal Care – group up to six individuals	
MEDICAL EVALUATIONS					
T1024	Medical Evaluation by MD, NP or PA as part of IEP process – per encounter				
TRANSPORTATION					
T2003	Special Education Transportation – non emergency – per trip				

AUDIOLOGY

CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
92553	Pure tone audiometry (threshold); Air and bone	92583	Select picture audiometry
92555	Speech audiometry threshold	92587	Evoked otoacoustic emissions; limited (single stimulus level, transient or distortion products)
92556	With speech recognition		
92557	Comprehensive audiometry threshold evaluation & speech recognition - 92553 & 92556 combined	92588	Comprehensive or diagnostic evaluation
92559	Audiometric testing of groups	92592	Hearing aid check; monaural (Effective 1/1/08)
92560	Bekesy audiometry; screening	92593	Binaural (Effective 1/1/08)
92561	Diagnostic		
92562	Loudness balance test, alt. binaural or monaural	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92563	Tone decay test		
92564	Short increment sensitivity index (SISI)	92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92565	Stenger test, pure tone	92602	Subsequent programming
92567	Tympanometry (impedance testing)	92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92568	Acoustic reflex testing; threshold		
92569	Decay	92604	Subsequent programming
92571	Filtered speech test	92620	Evaluation of central auditory function with report; initial 60 minutes
92572	Staggered spondaic word test		
92573	Lombard test (deleted 12/31/2006)	92621	Each additional 15 minutes
92575	Sensorineural acuity level test		
92576	Synthetic sentence identification test	92625	Assessment of tinnitus (including pitch, loudness matching, and masking)
92577	Stenger test, speech	92626	Evaluation of auditory rehab. status (1 st hour)
92579	Visual reinforcement audiometry (VRA)	92627	Each additional 15 minutes
92582	Conditioning play audiometry	92630	Auditory rehabilitation; prelingual hearing loss
		92633	Postlingual hearing loss

EPSDT SERVICES

DMAS will not reimburse school divisions directly for EPSDT screenings & related tests for children enrolled in a MCO.

Health, Vision & Hearing Screenings		Inter-Periodic Screenings	
CODE	SERVICE DESCRIPTION	CODE	SERVICE DESCRIPTION
92551	Screening-pure tone, air only	99201	Outpatient visit for evaluation & management face-to-face with a new patient and/or family, which requires: problem focused history & examination and straightforward medical decision making (10min)
92552	Pure tone audiometry (threshold); air only		
99173	Screening test-visual acuity quantitative, bilateral	99202	Above with expanded problem focused history & examination (20 min)
99381	Initial comprehensive preventive medicine, new patient infant (age<1)	99203	Above with detailed history & examination and medical decision making of low complexity (30 min)
99382	Early childhood (age 1 – 4)	99204	Above with comprehensive history & examination and medical decision making of moderate complexity (45 min)
99383	Late childhood (age 5 – 11)		
99384	Adolescent (age 12 -17)	99211	Outpatient visit for evaluation & management of an established patient. Minimal presenting problem-may not need presence of MD.
99385	18 – 39 years		
99391	Periodic comprehensive preventive medicine, infant (age<1)	99212	Outpatient visit for evaluation & management face-to-face with an established patient which requires two of: problem focused history & examination and straightforward medical decision making (10 min)
99392	Early childhood (age 1 – 4)	99213	Above with expanded problem focused history & examination and medical decision making of low complexity (15 min)
99393	Late childhood (age 5 - 11)		
99394	Adolescent (age 12 - 17)	99214	Above with detailed history & examination and medical decision making of moderate complexity (25 min)
99395	18 – 39 years		